

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Dr. Xinyu Fu  
 3725 Miramar Street  
 Apt. C  
 La Jolla, CA 92037-1852

**4a. Article Number****2526279101****4b. Service Type**

- |                                                         |                                               |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD                  |

**7. Date of Delivery****2/6/99****5. Received By: (Print Name)****6. Signature: (Addressee or Agent)****X****8. Addressee's Address (Only if requested and fee is paid)**

Thank you for using Return Receipt Service.

# MORRISON & FOERSTER LLP

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Z 526 279 101

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

January 26, 1999

Writer's Direct Contact  
(202) 887-8761  
tmays@mofo.com

Sent to <b>DR. XINYU FU</b>	
Street & Number <b>3725 Miramar Street</b>	
Post Office, State, & ZIP Code <b>La Jolla, CA 92037</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <b>1/26/99</b>	

Patent Application No. 09/023,231

Title: NUDE MOUSE MODEL FOR NEOPLASTIC DISEASE

By: Ann MONOSOV et al.

Our Reference: 31276-20014.30

U.S. Patent Application No. 09/023,232

Title: NUDE MOUSE MODEL FOR HUMAN NEOPLASTIC DISEASE

By: Ann MONOSOV et al.

Our reference: 31276-20015.30

Dear Dr. Fu:

Please find enclosed copies of Reissue Application Declarations and Powers of Attorney to be filed in the two identified applications above. Would you please handwrite your country of citizenship and your current address on the line provided (before you sign the document), and return it at your earliest possible opportunity?

My firm represents AntiCancer, Incorporated, the assignee of record for each of the issued patents for which Reissue Applications are being filed. These papers require the signatures of both co-inventors: Dr. Ann Monosov and Dr. Xinyu Fu. Since these documents may contain proprietary information, I request that you maintain them as confidential information and return them to me after you have signed each as indicated.

Please sign and return these documents to my office as soon as possible.